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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/773,862
Filing Date	February 06, 2004
First Named Inventor	Eduardo C. Vasquez
Art Unit	3641
Examiner Name	J. Woodrow Eldred
Attorney Docket Number	n/a

Total Number of Pages in This Submission	
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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

Please find enclosed 29 pgs of the amendment and one for a petition for extension of time. In addition to two credit card payment forms are also included, one for the petition for extension fee and another for the fee s resulting from additional claims on the submitted amendment. Thanks!!!

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Eduardo C. Vasquez		
Date	01/28/07	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Eduardo C. Vasquez	Date	01/28/07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



01-30-08

To the United States Patent and Trademark office

To whom it may correspond:

Please review the contents of this package and within you will find two separate credit card payment forms.

One is for covering the total regarding the additional claims filed as part of the submitted amendment included herein, and the other is for covering the costs of the petition for extension regarding the filing of the same amendment also included.

I was advised that for safe measure to do as described in order to provide for flexibility in the allocation of the payments.

Thanks in advance for your kind attention to the matter.

Yours truly,

Eduardo C. Vasquez
(305)444-7286

Calculation of additional claims payment:

Originally paid=24

Currently listed numbers: 25 to 66 = 42

Cancelled numbers: 27, 31, 35 and 47 = 4

Currently listed - (originally paid + now cancelled) = $42 - (24 + 4) = 42 - 28 = 14$ to be paid.

at \$25 ea, $14 \times 25 = \$350$